

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034176

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 342

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jefferson City

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

Memorial's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Knox

admission)

c. CITY

OR

TOWN

East Galesburg

Inside Limits

Yes ☒ No ☐

d. STREET

305 Oliver

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

GladysEmmaRedman

4. DATE

Month

Day

Year

September21962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12-12-1907

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Lemistown, Illinois

12. CITIZEN OF WHAT COUNTRY

American

13a. FATHER'S NAME

Henry Hughes

13b. MOTHER'S MAIDEN NAME

Emma Bung

14. NAME OF HUSBAND OR WIFE

Charles E. Redman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles E. Redman, E. Galesburg, Illinois

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe laceration left side of neck

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Presumptive diagnosis dead on arrival

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile accident

20c. TIME OF INJURY

6:30

Hour

Sept. 2, 1962

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

On U.S. Highway

20f. CITY, TOWN, OR LOCATION

6 Mi. N. of Jefferson City on U.S. #54, Callaway

COUNTY

STATE

21. I attended the deceased from

6:30Amon the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Edwin B. (Bowe m)

22b. ADDRESS

401 N. Ridgeway, Jefferson City

22c. DATE SIGNED

9-3-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial-Removal

23b. DATE

Sept. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Knoxville Cemetery

23d. LOCATION (City, town, or county)

Knoxville, Illinois

(State)

24. FUNERAL DIRECTOR

Tanner Funeral Home, Jefferson City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3 September 1962

26. REGISTRAR'S SIGNATURE

R. H. Richter, Dep.

Completed and Embalmed in accordance with Missouri Laws

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 16 1962

OCT 16 1962

OCT 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.